

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

100%
COPY

SERIAL NO. **10/009398** FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER		AFTER		CLAIMS
	1st AMENDMENT	2nd AMENDMENT	1st AMENDMENT	2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1				
2	1				
3	1				
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50					
TOTAL IND.	2				
TOTAL DEP.	12				
TOTAL CLAIMS	14				

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